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TAGS: EAID PHUM SENV EAGR PGOV ET
SUBJECT: SERIOUS IMPACTS OF FAILED BELG RAINS IN ETHIOPIA
SUBJECT: ETHIOPIA - USG/HAT - THE 'GREEN FAMINE' IN SNNPR

SUMMARY

¶1. There is a 'green famine' in Southern Nations, Nationalities and Peoples Region (SNNPR) as the U.S. Government Humanitarian Assistance Team (USG/HAT) observed during their recent field trips in Wolyata and Gurage zones in late June. Nutrition programs are overwhelmed with patients in the absence of other food aid programs such as general rations and supplementary feeding for the moderately malnourished. USAID Office of U.S. Foreign Disaster Assistance (USAID/OFDA) partners are battling malnutrition through the network of health centers and health posts that manage community based therapeutic programs. More resources will be added to boost their ability to deal with the thousands of children in dire circumstances. On a positive note, safety net beneficiaries seem to be withstanding the onslaught of the drought so far, but rising food prices will eat away at their safety net payments and could soon leave them destitute as well. Overall prospects for recovery are grim as populations draw down on precious assets, including seeds and livestock, in order to survive. End Summary.

A 'GREEN' FAMINE

¶2. Rains have begun in SNNPR. The land is green and lush as grass sprouts, trees flourish, flowers bloom, and small maize plants poke their heads through the earth. Scrawny oxen plod slowly but steadily through fields, turning the earth for the planting of teff, barley and other long season Meher crops. But the green is deceptive. The maize will not be harvested until at least August or September as 'green maize' according to local farmers. Bean plants now emerging from the earth will be harvested 3 months from now. Pepper, the local cash crop grown in some areas of Guraghe, will also be harvested later in the year. The main crops of barley and teff will be harvQd as late as November and beyond. Inside the homes there is no food, and at the health posts visited recently by USG HAT staff, starving children crowded to pick up weekly rations of Ready

to Use Therapeutic Food (RUTF) such as plumpy nut, BP 100 (high energy) biscuits and, in some rare cases, supplementary corn soya blend (CSB) and oil. This is a 'green famine.'

NUTRITION CRISIS TESTS RESPONDER CAPACITY

¶3. USG HAT officers visited four USAID/OFDA-funded emergency nutrition programs in the Wolayta and Gurage zones of SNNPR over the period June 22 - 24 to monitor performance of partners and identify additional problems and gaps in program implementation. NGOs implementing programs in this area include GOAL, CONCERN, International Medical Corps (IMC), and Samaritan's Purse (SP). During the period June 18-19, USG HAT officers also traveled to Boricha in Sidama zone SNNPR to monitor the GOAL community based therapeutic care (CTC) program and to visit the operation managed by MSF/Belgium (not OFDA-funded) in Shashamene (Oromiya region).

¶4. NGOs are following the national nutrition guidelines, which prescribe a decentralized model of outpatient therapeutic centers based out of health centers and health posts, and a reference stabilization center for therapeutic cases with medical complications -- usually located at the health center. Often, Outpatient Therapeutic Programs (OTPs) are also located at the health center. Partners IMC and CONCERN have been working closely with the Ministry of Health (MOH) over the last few years to build capacity in these community-managed nutrition programs, but this year is the first real test of the effectiveness of this decentralized, government-led strategy.

¶5. From the beginning, there have been problems in undertaking sufficient rapid assessments to gain a clear picture of the extent of the nutritional crisis. There is disagreement over the number of children requiring therapeutic feeding, with the official number put at 75,000. Real numbers may be much more, based on trends noted in areas that are accessible, but this has not been verified by assessment. In the areas visited by USG HAT, MOH staff were managing both stabilization centers (SC) and OTP sites, but with varying degrees of efficiency.

NUTRITION PROGRAMS GEARING UP - BUT SOME ARE OVERWHELMED BY THE NUMBERS IN NEED

¶6. The IMC site at Bolossosore was clearly overwhelmed by the caseload. There were about 189 children waiting for their weekly ration of RUTF at the health center, while another 200 or so children waited to be screened. At least half of those were obviously severely malnourished, many with stage 3 oedemas. IMC has not been able to set up stabilization centers in this area due, they said, to lack of resources for staffing and supplies. Without a stabilization center, any cases with complications were advised to go to the nearest hospital run by the Catholic Church. However most mothers declined to go because they did not have the money to pay and IMC did not yet have a memorandum of understanding to pay for the medical bills incurred by their patients. USAID/OFDA has agreed to provide an additional USD 500,000 immediately to IMC to address these problems in all IMC project sites.

¶8. CONCERN, with OFDA funding, has been working intensively on enabling the Ministry of Health to handle such crises. The OTP and stabilization center sites visited in Mareko woreda (Koshe town) in Gurage zone were not congested. The team was in place and dealt with each child as it arrived at the center, thereby avoiding a crush of patients. CONCERN however has noted that some centers cannot handle the caseloads and are ramping up their support to train and supervise more health workers and more OTP sites. CONCERN had a vehicle permanently at the health center visited to assist with any evacuations to hospital from the stabilization center. An agreement with the hospital ensures that referred cases are admitted immediately and treated. CONCERN has resources to provide food for caretakers, and this is a critical aspect of the program that supports stabilization. Otherwise, mothers will not stay with their children. USAID/OFDA is providing an additional USD 1.5 million to CONCERN to support the expansion of emergency nutrition interventions.

¶9. Samaritan's Purse (SP) is implementing CTC as a sub-grant of the OFDA-funded rapid response fund to Irish GOAL. SP has opened CTC services in KindoKoisha and Aleba Special Woreda which have been identified as Priority One hot spots by the UN and government. SP staff explained that one of the key challenges has been to identify trained MoH staff who can open new OTPs in their areas of operation, in order to reduce the distances walked by mothers to get services and to ensure greater efficiency of the program. SP's program in neighboring Aleba Special Woreda was visited by USG HAT staff in previous weeks and was found to be running smoothly, although with hundreds of children being served from just one OTP site.

¶10. USG HAT visited CTC programs run by Irish-GOAL (funded through the USAID/OFDA rapid response grant) in Boricha woreda, Sidama zone on June 18 and the Damot Fulassa woreda, Wolayta zone on June 23. Between March 24 and June 18, the CTC in Boricha had 2,261 children. One of the stabilization centers had handled 350 cases since April. There were twenty-five patients at the time of the USG HAT visit. Health extension workers and community health volunteers are an integral part of the GOAL program, providing essential support for weighing and measuring children, as well as outreach in the communities.

¶11. GOAL's program in new woreda Damot Fulassa of Wolyata zone covers 23 kebeles with eight OTPs. The program has already treated 2,095 patients in all the OTP sites since it opened in April. On June 23, 1,308 were registered. At the time of the visit, there were only eight patients in the stabilization center. Patients questioned were not in the safety net program, but had been screened for the targeted supplementary feeding program (EOS/TSF) as well as for a Red Cross targeted feeding program that began in June, assisting 8,000 families. These two programs should have an immediate impact on the condition of children in the area. GOAL provides transport for cases being referred to stabilization or hospital and supports the hospitals with essential drugs so that there is no question about accepting the nutritional cases. GOAL also provides a food ration to caretakers to ensure that mothers stay at the stabilization center with their children.

Launch of Supplementary Feeding

¶12. Until now, the lack of supplementary feeding for children under five years of age in most programs has been an accelerating factor in the number of serious cases of severe acute malnutrition. The Enhanced Outreach Strategy (EOS)/TSF program administered by WFP has been sharply criticized since its inception because of delays of up to six months between the time children are screened for malnutrition and when the rations arrive to address their condition. WFP has been working hard with the government counterparts to remedy the situation, conducting screening in April/May, with distributions of EOS underway in June. However, a cutback in WFP's funding for the EOS program has meant that the number of woredas served has been severely reduced. Now, there are caseloads in only 32 woredas, instead of over 50 previously served by the EOS in SNNPR. NGOs working in areas where EOS was being carried out are urged to link up with WFP and the regional DPPA, in order to ensure that OTP graduates are taken up into the EOS program where possible.

¶13. In addition to the ongoing EOS, WFP is launching blanket supplementary feeding for under 5's in SNNPR as part of the general relief ration distribution planned from June onwards. NGOs are also purchasing FAMEX (locally made CSB) to distribute to caretakers at the stabilization centers, to provide take home rations for OTP beneficiaries, and to provide supplementary feeding for graduates who are not taken into the EOS. With this multitude of channels of CSB now being lined up for SNNPR, it is inevitable that some beneficiaries will be on two or more distributions of CSB. However, the nutrition coordination unit at DPPA, as well as WFP, have pointed out that the situation is so critical that a double ration to one family is not a matter of concern right now. The objective is to get CSB into communities to bring down the escalating malnutrition levels. Given rising rates of malnutrition among the over 5 population and even adults, there is simply a need for more

food in the system. The demand for CSB in the various programs is also driving up the price. WFP reported that prices for FAMEX in Addis now range between $783 to $836/MT, up from $433/MT in January ¶2008.

Safety Net and Relief Food Distributions

¶14. The final element of the nutrition package, the general ration, is being worked on by DPPA, WFP, the World Bank, with active participation in meetings by USAID. SNNPR is typically a cash woreda for safety net activities, but the severity of the crisis, exacerbated by inflation of food prices of up to 600 percent, has meant that the cash payments are no longer sufficient to meet the minimum food requirements of families. The current strategy for safety net beneficiaries is to continue to provide the cash payment for the next two cycles (fifth and six 'round' of payments), but to add a two month cereal ration as well. For those put onto relief rolls in SNNPR, distributions should begin in June and include a full ration with CSB for children under five years of age.

¶15. There is a proposed NGO Joint Emergency Operation (JEOP) in the works with the Office of Food for Peace. Twenty-two of the proposed woredas are in the SNNPR hot spot areas including Wolayta. The proposal is for a full ration for about 1.76 million in hot spot woredas in SNNPR, Oromiya and Somali Regions and now includes CSB for blanket supplementary feeding. It will be critical to coordinate this possible JEOP with the CTC and OTP efforts.

Looking Ahead

¶16. SNNPR is only one region that is in the middle of a major crisis that is only likely to get worse, despite heroic efforts by the UN and NGOs, supported by donors, to ramp up the food aid and nutrition programs. The gap in available food to address the crisis in Ethiopia generally means that difficult choices are being made as to who gets food and who does not. Priority One woredas will be targeted first, and, in subsequent months, priority 2 relief beneficiaries will receive food. No one believes sufficient food is flowing into the drought affected areas to stop the downward spiral, but there is hope that efficient food deliveries could start to slow down the admissions to therapeutic feeding. T he coming months will be telling in this regard and USG HAT will continue to monitor and advocate for improved coordination and efficiency within and across in all programs.

¶17. The prospects for recovery from this crisis are very worrying. Households are borrowing heavily, selling cattle and household assets, and eating the precious seeds they need to plant for the current agriculture season. An army worm invasion is spreading throughout many agricultural zones and pesticides are not available in sufficient quantity to destroy them. Despite the rainfall pounding the earth, and the maize and bean plants emerging from the earth, the overall livelihood prospect for the population of SNNPR in coming months is dire.

YAMAMOTO